

11-17-00

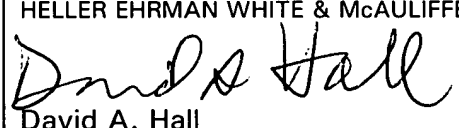
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TRANSMITTAL OF PRIORITY APPLICATION UNDER 37 C.F.R. § 1.53	Attorney Docket No.	37337-0001
	First named inventor	P. Berg
	Express mail label #	EL685075547US
	Date of mailing	<u>November 15, 2000</u>

37337-0001
JC853 U.S. PTO
09/13/00

11/15/00

11/15/00
JC806 U.S. PTO

Application Elements	Accompanying Application Papers
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form</p> <p>2. <input checked="" type="checkbox"/> Specification containing <u>54</u> pages (including Claims and Abstract).</p> <p> a. Title: COMPUTER HIERARCHICAL DISPLAY OF MULTIPLE DATA CHARACTERISTICS</p> <p> b. Number of claims: 33</p> <p>3. <input checked="" type="checkbox"/> 18 sheets of drawings with Figures 1-14</p> <p>4. <input checked="" type="checkbox"/> Unexecuted Declaration</p> <p>5. <input type="checkbox"/> Sequence Listing</p> <p> <input type="checkbox"/> Paper copy (identical to computer copy)</p> <p> <input type="checkbox"/> Computer readable copy</p> <p> <input type="checkbox"/> Verified statement</p>	<p>6. <input type="checkbox"/> Copy of assignment documents from parent applications</p> <p>7. <input type="checkbox"/> Preliminary Amendment</p> <p>8. <input checked="" type="checkbox"/> Return Receipt Postcard</p> <p>9. <input type="checkbox"/> Small Entity Statement</p>
SIGNATURE OF ATTORNEY/AGENT	
HELLER EHRMAN WHITE & McAULIFFE LLP	
 David A. Hall Registration Number: 32,233	
<p><input type="checkbox"/> Benefit of priority: Benefit of priority to allowed U.S. Application Serial No. filed . The subject matter of this application is incorporated into this application in its entirety.</p>	
CORRESPONDENCE ADDRESS	
NAME	David A. Hall Registration No. 32,233 Heller Ehrman White & McAuliffe LLP
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FEE TRANSMITTAL ACCOMPANYING APPLICATION UNDER 37 C.F.R. §1.53	Attorney Docket No.	37337-0001
	First named inventor	P. Berg
	Express mail label #	EL685075547US
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JC853 U.S. PTO
09/713843



FEE CALCULATION FOR CLAIMS AS AMENDED

a)	Basic Fee	\$ 355.00	
b)	Independent Claims	$\frac{4}{33} - 3 = \frac{1}{13} \times \$ 40.00$	\$ 40.00
c)	Total Claims	$\frac{33}{33} - 20 = \frac{13}{13} \times \$ 9.00$	\$ 117.00
d)	Fee for Multiple Dependent Claims	= \$260.00	\$ 0.00
TOTAL FILING FEE			\$512.00

- ☐ Copies of executed Statement(s) of Status as Small Entity reducing Fee by one-half to \$
- ☒ A check in the amount of \$512.00 to cover the fee for filing the application.
- ☐ Charge \$.00 to Deposit Account No. 50-1213.
- ☒ The Commissioner is hereby authorized to charge any fees that may be required in this application under 37 C.F.R. §§ 1.16-1.17 during its entire pendency, or credit any overpayment, to Deposit Account No. 50-1213. If proper payment is not enclosed, such as a check in the wrong amount, unsigned, post-dated, otherwise improper or informal, or absent, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-1213 during the entire pendency of this application. This sheet is filed in duplicate.

CORRESPONDENCE ADDRESS			
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Address	4250 Executive Square, 7th Floor, La Jolla, CA 92037		
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Submitted by:			
Typed or printed name	David A. Hall		Reg. Number 32,233
Signature	<i>David A. Hall</i>	Date 11-15-2000	Deposit Account 50-1213